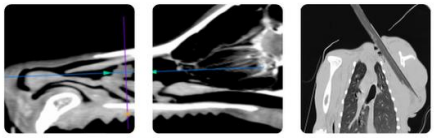

PATIENT

Rebel Horrell

SPECIES

Canine

BREED

German Shepherd

SEX

Male

AGE

3M

WEIGHT

17lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Kelsey McCloskey, LVT

HOSPITAL NAME

Advanced Animal Imaging

REFERRING VET

Blair Hollowell, DVM

INVOICE

72769

DATE

11-26-25

PRESENTING CLINICAL SIGNS

Patient has chronic history of vomiting or regurgitating shortly after eating since owner purchased from the breeder. Patient's abdomen distends frequently, sometimes after eating, sometimes after playing/excitement/panting. On exam, ventral aspect of cervical palpation was very abnormal, with a doughy, slightly gassy large soft tissue structure, but especially at the distal aspect at the thoracic inlet. Concerned about megaesophagus secondary to PRAA +/- other congenital defect. He is a cryptorchid as well so raised concerns for multiple processes occurring. Radiographs performed and will be e-mailed as well as the AIS report from the radiologist consultation. They agreed with concerns for a vascular ring anomaly but worry there may be more than one due to the cranial and caudal dilation of the esophagus. Recommended CT scan for further assessment and surgical planning.

COMPUTED TOMOGRAPHY OF THE NECK AND THORAX

A high resolution pre- and post-contrast CT study of the neck and thorax is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Neck

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

The cervical segment of the esophagus is generalized dilated by gas, fluid and foamy soft tissue material.

Thorax

The bony and surrounding soft tissue structures are within normal limits.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

A right and left aortic arch is appreciated, encompassing the esophagus and trachea. The right subclavian artery is originating from the distal aspect of the right aortic arch. Level with the aortic arch the esophagus presents an abrupt decrease in diameter, and the caudal intrathoracic segment is mildly distended by foamy material.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Vascular ring anomaly due to double aortic arch, type 4
- Secondary pulsion diverticulum cranial esophageal segment
- Mild dilated caudal intrathoracic esophageal segment
- No evidence of aspiration pneumonia

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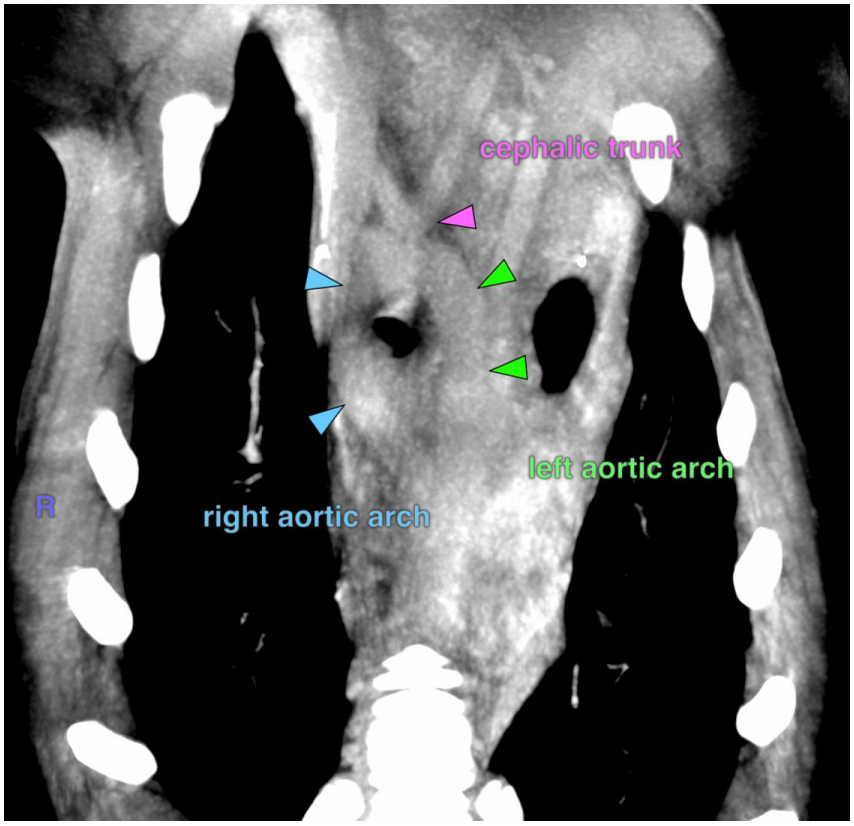
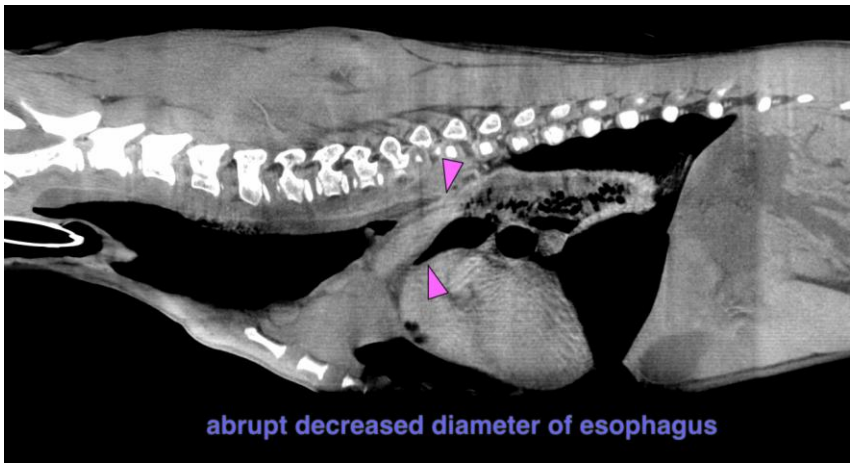
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is confirming the suspicion of a vascular ring anomaly, presenting a double aortic arch (type 4), forming a vascular ring. The esophageal dilation is accentuated along the cranial esophageal segment, supporting the diagnosis of secondary pulsion diverticulum formation. A differential would be accompanying esophageal dysmotility or megaesophagus.





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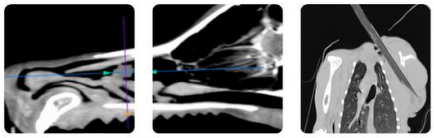

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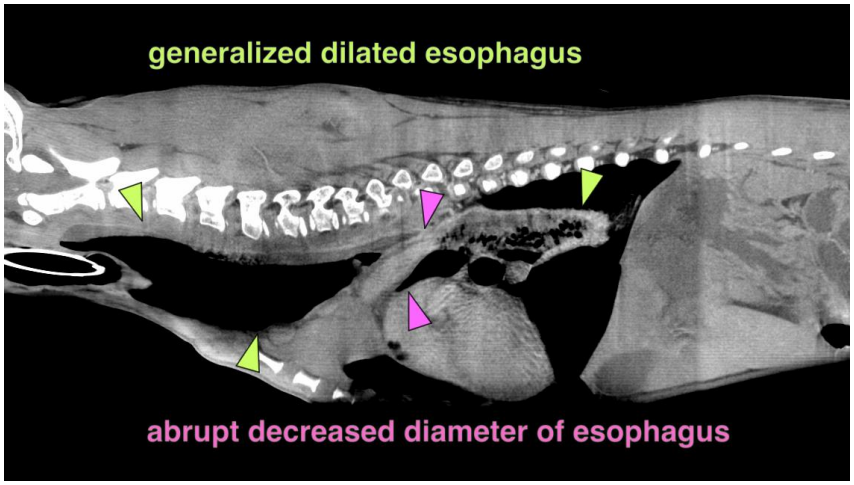

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com